

DECLARATION
AND POWER OF ATTORNEY
U.S.A.

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ATTORNEYS' DOCKET NO.

P70195US0

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

DEVICE FOR TREATING A MEDICAL LIQUID

which is described and claimed in:



PCT International Application No. PCT/EP03/05377

filed May 22, 2003

☐ the attached specification



the specification in application Serial No. _____

filed _____

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

102 24 750.1
(Number)

Germany
(Country)

4 June 2002
(Day/Month/Year Filed)

☒
Yes

☐
No

(Number)

(Country)

(Day/Month/Year Filed)

☐
Yes

☐
No

(Number)

(Country)

(Day/Month/Year Filed)

☐
Yes

☐
No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____

Filing Date _____

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136
or

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PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
202	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE <u>25.10.2004</u>	DATE	DATE

☒ Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

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400	204	FULL NAME * OF INVENTOR	FAMILY NAME <u>LAUER</u>	GIVEN NAME <u>Martin</u>	MIDDLE NAME	
		RESIDENCE & CITIZENSHIP	CITY <u>St. Wendel</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Auf den Hollerstock 8</u>	CITY <u>St. Wendel</u>	STATE OR COUNTRY <u>Germany</u>	ZIP CODE <u>66606</u>
500	205	FULL NAME * OF INVENTOR	FAMILY NAME <u>MANKE</u>	GIVEN NAME <u>Joachim</u>	MIDDLE NAME	
		RESIDENCE & CITIZENSHIP	CITY <u>Loehenberg</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>In den Bruechern 6</u>	CITY <u>Loehenberg</u>	STATE OR COUNTRY <u>Germany</u>	ZIP CODE <u>35792</u>
600	206	FULL NAME * OF INVENTOR	FAMILY NAME <u>SCHEUNERT</u>	GIVEN NAME <u>Peter</u>	MIDDLE NAME	
		RESIDENCE & CITIZENSHIP	CITY <u>Friedrichsdorf</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Dieselstrasse 1</u>	CITY <u>Friedrichsdorf</u>	STATE OR COUNTRY <u>Germany</u>	ZIP CODE <u>61381</u>
700	207	FULL NAME * OF INVENTOR	FAMILY NAME <u>WEIS</u>	GIVEN NAME <u>Manfred</u>	MIDDLE NAME	
		RESIDENCE & CITIZENSHIP	CITY <u>St. Wendel</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Ringstrasse 7</u>	CITY <u>St. Wendel</u>	STATE OR COUNTRY <u>Germany</u>	ZIP CODE <u>66606</u>
800	208	FULL NAME * OF INVENTOR	FAMILY NAME <u>BONGERS</u>	GIVEN NAME <u>Alexander</u>	MIDDLE NAME	
		RESIDENCE & CITIZENSHIP	CITY <u>Langen</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Im Singes 41</u>	CITY <u>Langen</u>	STATE OR COUNTRY <u>Germany</u>	ZIP CODE <u>63225</u>
	209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
		RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
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		POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
		RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

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(Number)	(Country)	(Day/Month/Year Filed)	Priority Claimed
<u>102 24 750.1</u>	<u>Germany</u>	<u>4 June 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	<u>BEDEN</u>	<u>Josef</u>	
	POST OFFICE ADDRESS	<u>Mainz-Kastel</u>	<u>Germany</u>	
		<u>Carlowitzstrasse 18</u>	<u>Mainz-Kastel</u>	<u>Germany</u>
202	RESIDENCE & CITIZENSHIP	<u>HAHMANN</u>	<u>Uwe</u>	
	POST OFFICE ADDRESS	<u>Tiefenbronn</u>	<u>Germany</u>	
		<u>Haus-Thomas</u>	<u>Tiefenbronn</u>	<u>Germany</u>
203	RESIDENCE & CITIZENSHIP	<u>HERKLOTZ</u>	<u>Martin</u>	
	POST OFFICE ADDRESS	<u>Heusenstamm</u>	<u>Germany</u>	
		<u>Dietzenbacher Strasse 1</u>	<u>Heusenstamm</u>	<u>Germany</u>

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<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
DATE <u>30.10.04</u>	DATE <u>30.10.04</u>	DATE <u>30.10.04</u>

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	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Bruechern 6	CITY Loehnberg	STATE OR COUNTRY Germany	ZIP CODE 35792
206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany	ZIP CODE 61381
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany	ZIP CODE 63225
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201	RESIDENCE & CITIZENSHIP	BEDEN	Josef		Germany	Germany	Germany	55252
	POST OFFICE ADDRESS	Mainz-Kastel						
		Carlowitzstrasse 18						
202	RESIDENCE & CITIZENSHIP	HAHMANN,	Uwe		Germany	Germany	Germany	75233
	POST OFFICE ADDRESS	Tiefenbronn						
		Henhoefter Strasse 16						
203	RESIDENCE & CITIZENSHIP	HERKLOTZ	Martin		Germany	Germany	Germany	63150
	POST OFFICE ADDRESS	Heusenstamm						
		Dietzenbacher Strasse 1						

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DATE	DATE	DATE
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As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

DEVICE FOR TREATING A MEDICAL LIQUID

which is described and claimed in: ☒ PCT International Application No. PCT/EP03/05377 filed May 22, 2003
☐ the attached specification ☐ the specification in application Serial No. _____ filed _____
(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)
102 24 750.1	Germany	4 June 2002
_____	_____	_____
_____	_____	_____

Priority Claimed

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date	Application No.	Filing Date
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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

☒ Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

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204	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Bruechern 6	CITY Loehnberg	STATE OR COUNTRY Germany	ZIP CODE 35792
206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany	ZIP CODE 61381
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
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	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany	ZIP CODE 63225
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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE 27.10.2004	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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102 24 750.1 Germany 4 June 2002
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DEVICE FOR TREATING A MEDICAL LIQUID

which is described and claimed in:



PCT International Application No. PCT/EP03/05377

filed May 22, 2003

☐ the attached specification



the specification in application Serial No.

filed

(if applicable) and amended on

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Prior Foreign Application(s)

102 24 750.1

(Number)

Germany

(Country)

4 June 2002

(Day/Month/Year Filed)

Priority Claimed



Yes



No

(Number)

(Country)

(Day/Month/Year Filed)



Yes



No

(Number)

(Country)

(Day/Month/Year Filed)



Yes



No

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Filing Date

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DATE	DATE	DATE 22.10.2014
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
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and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. ST
(20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,
YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
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*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME BEDEN	GIVEN NAME Josef	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Mainz-Kastel	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Carlowitzstrasse 18	CITY Mainz-Kastel	STATE OR COUNTRY Germany
202	FULL NAME * OF INVENTOR	FAMILY NAME HAHMANN,	GIVEN NAME Uwe	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Tiefenbronn	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Henhoefter Strasse 16	CITY Tiefenbronn	STATE OR COUNTRY Germany
203	FULL NAME * OF INVENTOR	FAMILY NAME HERKLOTZ	GIVEN NAME Martin	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Heusenstamm	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dietzenbacher Strasse 1	CITY Heusenstamm	STATE OR COUNTRY Germany

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statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the U
States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

☒ Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Bruechern 6	CITY Loehnberg	STATE OR COUNTRY Germany	ZIP CODE 35792
206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany	ZIP CODE 61381
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany	ZIP CODE 63225
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P70195US0

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

DEVICE FOR TREATING A MEDICAL LIQUID

which is described and claimed in:



PCT International Application No. PCT/EP03/05377

filed May 22, 2003

☐ the attached specification



the specification in application Serial No. _____

filed _____

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

102 24 750.1

Germany

4 June 2002

(Number)

(Country)

(Day/Month/Year Filed)

Priority Claimed



Yes



No

(Number)

(Country)

(Day/Month/Year Filed)



Yes



No

(Number)

(Country)

(Day/Month/Year Filed)



Yes



No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

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203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
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DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE <i>25.06.2004</i>	DATE

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